

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES - OTHER TYPES OF CARE

18. Hospice Care (in accordance with section 1905(o) of the Act).

Reimbursement for hospice services shall be the lesser of billed charges or 100% of a prospectively determined rate per covered day which is based upon the methodology used in setting Medicare rates, adjusted to disregard cost offsets attributable to Medicare coinsurance amounts. Rates shall be determined for each of four levels of care as set out in 42 CFR 418.302 and adjusted for inflation as set out in 42 CFR 418.309. Medicaid reimbursement to a hospice in a cap period is limited to a cap amount as set out in 42 CFR 418.309.

D3040136(3)

TN NO. 90-12	DATE/RECEIPT 7-11-90
SUPERSEDES	DATE/APPROVED 11/27/90
TN NO. NEW	DATE/EFFECTIVE 7/1/90

AT-90-12
Effective 7/1/90

(Program A)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEEMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES - OTHER TYPES OF CARE

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19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (A) - Pregnant Women

Reimbursement will be on a prospective basis. Cost records that establish the prospective rates will be maintained and audited annually. Rates will be adjusted in subsequent years to reflect new cost information. The state will not reimburse more than cost.

The description of services provided and reimbursement rates are as follows:

<u>Description</u>	<u>Fee</u>
Initial month, prenatal	\$50.00
Subsequent month, prenatal	\$25.00
Home visit, prenatal	\$42.00

Maximum reimbursement per month for any combination of services cannot exceed \$92.00 per month.

D3119191

AT-89-24

Effective 7/1/89

TN No. 89-24 DATE/RECEIPT 9-19-89
SUPERSEDED BY 4-5-90
TN No. NEW DATE/RECEIPT 7-1-89

(Program B)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
 RATES - OTHER TYPES OF CARE**

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (B) - Infants and Children Under Age 2

Reimbursement will be on a prospective basis. Cost records that establish the prospective rates will be maintained and audited annually. Rates will be adjusted in subsequent years to reflect new cost information. The state will not reimburse more than cost.

The description of services provided and reimbursement rates are as follows:

<u>Description</u>	<u>Fee</u>
Initial month, child	\$50.00
Subsequent month, child	\$25.00
Home visit, child	\$42.00

Maximum reimbursement per month for any combination of services cannot exceed \$92.00 per month.

D2049200

AT-89-24

Effective 7/1/89

TN No. <u>89-24</u>	DATE/RECEIPT <u>9-19-89</u>
SUPERSEDES	DATE/APPROVED <u>4-5-90</u>
TN No. <u>NEW</u>	DATE/EFFECTIVE <u>7-1-89</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES - OTHER TYPES OF CARE

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (C) - Mental Health

Reimbursement will be on a prospective basis. Cost records that establish the prospective rate will be maintained and audited annually. The rate will be adjusted in subsequent years to reflect new cost information. The State will not reimburse more than cost. The maximum reimbursement per month per individual served will be a rate not to exceed the 75th percentile of rates established for all participating providers.

D1040248

TN No. 91-49

Supersedes

TN No. 90-21

Approval Date 1-28-92

Effective Date 10/1/91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES - OTHER TYPES OF CARE

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (D) - Children In State Custody or At Risk of State Custody

Reimbursement will be on a prospective basis. An interim rate of \$155 per recipient per month will be established, with year end cost settlement being made to reflect the actual reasonable costs of providing the service. The State will not reimburse more than cost.

D3022069

TN No. 92-9

Supersedes

TN No. New

Approval Date JAN 07 1993

Effective Date 1/1/92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (E) - Children's Special Services (CSS) Targeted Case Management

Reimbursement will be made based upon an interim rate of \$36.73 per initial visit and \$25.95 per other contact with year-end cost settlement being made to reflect the actual reasonable costs of providing the service. The interim rate calculations include factors such as the type of provider and case manager, the type of service(s) provided and the time spent for each encounter. Subsequent interim rate adjustments will include these same factors and will be made on a statewide aggregate basis. Year-end cost settlements will be provider specific and will occur shortly after the cost reporting year is completed. It is anticipated that all cost reports will be based upon state fiscal year (July-June). The State will not reimburse more than cost.

D1153012

TN No. 93-4
Supersedes
TN No. NEW

Approval Date MAY 4 1994

Effective Date 1/1/93

JUL 0 8 1987

Attachment 4.19B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES - OTHER TYPES OF CARE

^{22.}
~~14.~~ Respiratory Care Services

Provided through a Home Health Agency: Payment is based on reasonable cost as determined under standards and principles applicable to Title XVIII.

TN No. 87-13 DATE/RECEIPT JUN 29 1987
SUPERSEDES DATE/APPROVED AUG 06 1987
TN No. _____ DATE/EFFECTIVE JUL 01 1987

AT-87-13
Effective 7/1/87

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES - OTHER TYPES OF CARE

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

23.a. Transportation

1. Ambulance Services

(a) Emergency land ambulance - payment shall be lesser of:

- (1) Billed charges for the services,
- (2) 100% of the 75th percentile of the Medicare prevailing charges for the services, or
- (3) A maximum of \$65 for the basic life support base rate, \$100 for the advanced life support base rate, \$1.10 per loaded mile outside the county and \$10 for oxygen.

(b) Non-Emergency land ambulance payment shall be the lesser of:

- (1) Billed charges for the services,
- (2) 100% of the 75th percentile of the Medicare prevailing charges for the services, or
- (3) A maximum of \$65 one-way or \$130 round-trip for the non-emergency base rate, \$1.10 per loaded mile outside the county and \$10 for oxygen.

(c) Emergency air ambulance - payment shall be the lesser of:

- (1) Billed charges for the services,
- (2) 100% of the 75th percentile of the Medicare prevailing charges for the services, or
- (3) A maximum of \$100 for the base rate, \$3.00 per loaded mile and \$15 for oxygen.

TN No. 92-13
Supersedes

TN No. 91-12

NOV 4 1992

Approval Date _____

Effective Date 1/1/92

GW/D4071084

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES - OTHER TYPES OF CARE

The maximum payment per ambulance transport shall not exceed \$573.00. When emergency air ambulance services are provided and it is determined that emergency land ambulance services would have sufficed, payment shall be the lesser of the land ambulance rate or the air ambulance rate for the transport.

2. Volunteer Transportation Services

Volunteer transportation services will be reimbursed the rate per mile as specified in the Comprehensive Travel Regulations of the State of Tennessee.

3. Commercial Transportation Services

Commercial providers will be reimbursed:

- a. An individually negotiated rate, or
- b. The prevailing commercial rate. The prevailing commercial rate will serve as the upper limit for commercial providers.

TN No. 92-13

Supersedes

TN No. 91-12

Approval Date NOV 4 1992

Effective Date 1/1/92
4/1/92

GW/D4071084

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Item 24 . Payment of Title XVIII Part A and Part B Deductible/Coinsurance

Except for a nominal recipient co-payment, if applicable, the Medicaid agency uses the following method:

	Medicare-Medicaid Individual	Medicare-Medicaid/QMB Individual	Medicare-QMB Individual
Part A Deductible	<u>X</u> limited to State plan rates*	<u>X</u> limited to State plan rates*	<u>X</u> limited to State plan rates*
	<u> </u> full amount	<u> </u> full amount	<u> </u> full amount
Part A Coinsurance	<u>X</u> limited to State plan rates*	<u>X</u> limited to State plan rates*	<u>X</u> limited to State plan rates*
	<u> </u> full amount	<u> </u> full amount	<u> </u> full amount
Part B Deductible	<u>X</u> limited to State plan rates*	<u>X</u> limited to State plan rates*	<u>X</u> limited to State plan rates*
	<u>X</u> full amount	<u>X</u> full amount	<u>X</u> full amount
Part B Coinsurance	<u>X</u> limited to State plan rates*	<u>X</u> limited to State plan rates*	<u>X</u> limited to State plan rates*
	<u>X</u> full amount	<u>X</u> full amount	<u>X</u> full amount

*For those title XVIII services not otherwise covered by the title XIX State plan, the Medicaid agency has established reimbursement methodologies that are described in Attachment 4.19-B, Item(s) 25 .

TN No. 89-8

Supersedes

Approval Date 1-12-90

Effective Date 1/1/89

TN No.